



2013 MONTANA DISABLED VETERAN APPLICATION



FWP 2013 FORM/SEPT2013

DATE OF BIRTH		MM	DD	YYYY	—	ALS	DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is your date of birth followed by a 1 to 3 digit number. If you have not applied for or purchased a Montana hunting license you will not have an ALS#. You will be issued an ALS# after your application is processed.					
NAME						JR., SR., ETC.		HOME PHONE		WORK PHONE		
FIRST		MI		LAST								
MAILING ADDRESS						CITY		STATE		ZIP CODE		
PHYSICAL ADDRESS						CITY		STATE		ZIP CODE		
<input type="checkbox"/> Female		Feet Inches HEIGHT		WEIGHT		BALD BROWN		BLACK GRAY		<input type="checkbox"/> USA <input type="checkbox"/> OTHER (Please list Country)		
<input type="checkbox"/> Male						BLACK GRAY		BLUE GREEN				
						BLOND RED		BROWN HAZEL		COUNTRY		
Last 4 digits of SOCIAL SECURITY #				OCCUPATION		HUNTER EDUCATION REQUIREMENT Any hunter who is born after January 1, 1985 must submit with all hunting license applications a copy of their certificate verifying that he/she has completed a course in hunter education from any state or province.					DEPARTMENT USE ONLY	
X ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print.						FWP receives requests for mailing lists. Do you want your name included on lists provided to requestors? <input type="checkbox"/> YES <input type="checkbox"/> NO						
						NOTE: Even if you choose NO, under state law FWP is required to allow those who wish to compile their own mailing list access to department records, including name, address, gender, residency and whether you were successful.						

To be eligible for the issuance of a donated license, the disabled veteran applicant must include a letter from the United States Department of Veteran's Affairs certifying to the seventy percent (70%) or more service connected disability compensation qualification of the applicant. In addition, the disabled veteran must be selected and sponsored by a nonprofit charitable organization dedicated to providing hunting opportunities to individuals with disabilities. No license will be issued without this application, qualification letter from United States Department of Veterans Affairs, and a properly completed Affidavit for Donated License Issuance from the nonprofit charitable organization sponsoring the disabled veteran.

1. **NAME OF THE SPONSORING ORGANIZATION** _____

ORGANIZATION TAX EXEMPTION ID NUMBER _____

2. TYPE OF LICENSE REQUESTING

TYPE OF LICENSE REQUESTING: _____

HUNTING DISTRICT REQUESTING: _____

PERMIT REQUIRED: ☐ YES ☐ NO

3. SUBMIT THE FOLLOWING DOCUMENTATION:

☐ PURPLE HEART CERTIFICATE OR

☐ DD214 REFLECTING PURPLE HEART

AND

☐ VA DISABILITY RATING OF 70% OR

☐ PROOF OF MEDICAL TREATMENT WHILE ON ACTIVE DUTY STATUS

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSE SECTION
1420 E 6th AVE
PO BOX 200701
HELENA, MT 59620-0701